**COVID-19 Vaccination Planning Notes** 

Information as of December 22, 2020

The purpose of this document is to share and update the intended recipients of the information that County staff has been informed of, by appropriate entities/subject matter experts, and/or information obtained from associated research. It should be considered that this information is based on the understanding and interpretation of staff, at the time of the report. Specific details are subject to change, and/or modification, as this is a dynamic and evolving process.

### Vaccines:

As of today, there are two COVID-19 vaccinations currently being distributed under Emergency Use Authorizations (EUA) of the United States Food and Drug Administration (FDA). There are several other vaccine candidates in various stages of testing. As more information becomes available, it will be shared. The two current, and authorized vaccines:

### 1. Pfizer-BioNTech

The first, BNT162b2, is an "Ultra-Cold") vaccine manufactured by Pfizer, Inc., and BioNtech. The Pfizer vaccine is an mRNA vaccine; it is a messenger vaccine and does not contain the COVID-19 virus. It cannot cause COVID-19.

- Two-shot series separated by 21 days.
- Received Emergency Use Authorization (by the FDA) on December 11, 2020
- EUA is specific for people 16 years and older
- 43,661 participants enrolled in clinical trials. as of 11/13/2020, 41,135 people received the 2<sup>nd</sup> dose vaccine candidate.
- Efficacy (effectiveness) was rated @ 95% at preventing symptomatic COVID-19 infection, measured starting 7 days after the second dose was administered.
- Equally protective across age groups and racial and ethnic groups
- Each dose of Pfizer vaccine is 30 micrograms.
- Being manufactured in several countries: United States, Germany and Belgium.
- After thawing, the vaccine must be used within 5 days.

### 2. Moderna

The second, mRNA-1273, is also an mRNA vaccine that cannot cause COVID-19. Like its predecessor, the Moderna vaccine causes the body to develop an immune response through spike proteins. Unlike the Pfizer vaccine, the Moderna vaccine does not require "Ultra-Cold" storage (only cold -20 Celsius).

- Two-shot series separated by 28 days. 100 microgram doses.
- Received Emergency Use Authorization (by the FDA) on December 18, 2020

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- EUA is specific for people 18 years and older (unlike Pfizer 16 and older). Moderna has begun testing vaccine in people of ages 12 to 17.
- 28,207 people participated in the clinical trials
- Efficacy (effectiveness) was rated @ 94.1% at preventing symptomatic COVID-19 infection, measured 14 days after the second dose was administered. Efficacy was slightly lower in people 65 and older. This could be that there were fewer people of that age group in the trials.
- Equally effective across different racial and ethnic groups.
- Being manufactured in Cambridge, Massachusetts.
- After thawing, the Moderna vaccine will remain stable (refridgerated) for 30 days or at room temperature for 12 hours.

Both vaccines did present with side effects. The most common are:

- injection site pain
- injection site redness
- fatigue
- headache

- muscle pain
- joint pain
- fever

Generally, Side effects were reported to be more common after the second dose; younger adults, who have more robust immune systems, reported more side effects than older adults. These side effects are a sign of a healthy immune system starting to work. They do not mean that the vaccine is unsafe. To date there are no serious, long-term side effects associated with either vaccine, which will be closely monitored as vaccination expands. Adverse effects can be reported using the Vaccine Adverse Reaction System (VARS).

Since vaccine administration has started globally, there have been a few reports of allergic reactions to the vaccine (specifically the Pfizer vaccine). Accordingly, manufacturers are readily studying the facts associated with these cases. Precautionary warnings have been issued to inform potential recipients of the dangers. Persons with known severe allergic reactions to any ingredients of the vaccines, should not get vaccinated. Further, persons who have had severe allergic reactions to other vaccines, should consult their physician before electing to get the vaccine.

Studies from both vaccines have indicated success in preventing more severe symptoms from COVID-19. Accordingly, both vaccines are highly recommended for their targeted populations. In both cases, it is yet to be determined whether or not an asymptomatic person, who has been vaccinated, can still spread the COVID-19 virus. Hence, non-pharmaceutical interventions (handwashing, masks, social distancing, disinfecting) are still highly recommended and indicated.

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Neither of the two authorized vaccines have been tested in those people who are pregnant or lactating. The FDA suggests that those who are pregnant, discuss the risks and benefits with their physicians – prior to getting a COVID-19 vaccination.

The length of immunity, after receiving either COVID-19 vaccine, remains unknown; It will take significant time and testing to determine.

## **Production and Distribution**

Both companies are actively producing and shipping their vaccines – around the clock. Pfizer has reported no significant issues with production or distribution. Moderna's vaccine only started arriving in states on December 21, 2020. Shipping companies, FedEx and UPS are handling the distribution and delivery.

Maintaining the cold chain is a challenge both manufacturers are facing. Dry ice is being used to recharge shipping containers – every 5 days. As such, Pfizer has begun manufacturing dry ice at its Kalamazoo facility (Michigan). Pfizer is providing the first supply of dry ice - to vaccine recipients (health systems).

Locally, in Virginia, the initial allocation of the Pfizer vaccine was significantly reduced from the original projections. However, regular (weekly) shipments of each vaccine are being scheduled and received. This has been the case in many states (unknown cause).

• Interestingly, Virginia partnered with Maryland to donate 8,000 doses (each) to the District of Columbia, who initially received less than one-tenth of what would be needed for local health care workers (based on population – health care workers live in Virginia and Maryland).

## **Public Messaging**

To achieve herd immunity, it is necessary for 70% to 80% of the population to receive the COVID-19 vaccine. Remember, herd immunity is critical to stopping the spread of the disease. Significant challenges to reaching these percentages stem from a lack of education and public mistrust. To get the word out and build public confidence in the COVID-19 vaccines, National, State and Local entities have begun public outreach campaigns. Information is readily available on the internet (and through social media), in public media (television, radio and newspaper) and through health care organizations. Among other places, VDH is providing information on its website: <a href="https://www.vdh.virginia.gov/covid-19-vaccine/">https://www.vdh.virginia.gov/covid-19-vaccine/</a>

Convincing people that the vaccine is safe – and in their best interest, will remain a challenge to overcome.

#### **Local Planning**

Our regional working group continues to meet weekly (virtually), to plan for the arrival and distribution of vaccines within the Peninsula. Our group consists of representatives from every locality, the Virginia Department of Health, the Peninsula Health District, and the Peninsula

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EMS Council. Planning follows guidelines established by the Advisory Committee on Immunization Practices (ACIP), the CDC and Virginia's Department of Health.

Following Virginia's phased plan, we are currently working to identify the first recipients of the vaccine. With such limited supply, it has been reported (in the news) that first responders may not get the vaccine until February. The Peninsula Health District and Riverside Health System (specifically) are working to expedite the delivery of the vaccine to our jurisdictions.

\*\*Note, Sentara Health System and Bon Secours have not yet begun to plan (share) outside of their systems. Discussions with each of these systems is on-going (Hampton-Peninsula Health Districts).

Each locality is developing and sharing their intentions to vaccinate employees and individuals who are eligible for the vaccine.

### **Vaccine Clinics**

- Initially, vaccinations will be given to local First Responders, in closed PODs, as part of the local health system (individual hospitals). Forthcoming, vaccination clinics will be established and operated by the Hampton and Peninsula Health Districts. A number of strategic locations have been identified throughout the region.
- An appointment system will be utilized, through the Vaccine Administration Management System (VAMS).
- As more vaccine becomes available, and efforts become focused on the general population, drive through and mobile vaccination clinics are being planned.

### **Long Term Care Facilities**

- Using the Federal Partnership with Pharmacies, Walgreens and CVS pharmacies will be providing vaccinations to residents and staff of long-term care facilities.
  - o All associated operations will be conducted on-site, at the LTCF.
  - o Operations are being coordinated with VDH and the local health districts
- Other capable pharmacy chains have stepped forward to provide assistance. VDH is working to enable this support.
- Working with Newport News GIS and ESRI (the creator of ArcGIS), the PHD is developing data layers to assist with the planning of distribution. Newport News GIS is coordinating with the GIS offices of the other localities to assist with this process.
- York County has an ongoing process to identify possible "candidate" locations for drivethrough vaccination sites. Sites have been identified by type, with preferences given to locations with ample parking, access and egress and proximity to significant populations.

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The Commonwealth of Virginia is regularly and extensively updating information pertaining to the COVID-19 vaccine. All of the published information can be accessed via the VDH COVID-19 Vaccination Response website: <a href="https://www.vdh.virginia.gov/covid-19-vaccine/">https://www.vdh.virginia.gov/covid-19-vaccine/</a>

#### York County

- As previously stated, we are actively participating and engaged in the regional vaccination workgroup. Internally, many of our staff are continuing planning efforts to support the COVID-19 response and the upcoming vaccinations.
- We are regularly communicating and collaborating with the Peninsula Health District. He has ensured that we have current information and are properly prepared for the next step.
- Collaborations continue with the Peninsula EMS Council for any testing or vaccination assistance that may be needed.
- Daily situational awareness is being maintained with regard to COVID-19 and the vaccines. Incident Action Plans continue to be developed on a weekly basis.
- The Department of Fire and Life Safety has recently begun surveying its employee interest in receiving the vaccine. We are working to educate and build confidence in the vaccines.

In conclusion of this update, we are well positioned and ready to start with the vaccination effort. Our staff is informed, equipped and motivated to continue the fight against COVID-19. Regionally, we are working together and sharing information and resources to provide a unified response effort. All of the localities (locally) are doing their part. Our healthcare partners (especially Riverside – at this point) are promising opportunities to help and protect our employees.